

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

FLORIDA DELIVERS LEADERSHIP PAC

ADDRESS (number and street)

1831 BAY STREET SE

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00450247

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

15

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dorothy Wynn

Signature of Treasurer

Electronically Filed by Dorothy Wynn

Date

07

09

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 13

Write or Type Committee Name
FLORIDA DELIVERS LEADERSHIP PAC

Report Covering the Period: From:

M	M
0	4

D	D
1	5

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2010</div>		12800.87
(b) Cash on Hand at Beginning of Reporting Period	14897.94	
(c) Total Receipts (from Line 19)	18750.00	30750.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33647.94	43550.87
7. Total Disbursements (from Line 31)	10721.42	20624.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22926.52	22926.52
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 13

Write or Type Committee Name

FLORIDA DELIVERS LEADERSHIP PAC

Report Covering the Period:

From:

M	M
0	4

D	D
1	5

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13750.00	25750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13750.00	25750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18750.00	30750.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18750.00	30750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18750.00	30750.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1021.42	1424.35	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1021.42	1424.35	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9250.00	18750.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	450.00	450.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10721.42	20624.35	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10721.42	20624.35	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18750.00	30750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18750.00	30750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1021.42	1424.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1021.42	1424.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)

James Anglin

Mailing Address 3323 Oakmont Terrace

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
HNTB Engineering

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.4737

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Deborah Butler

Mailing Address 2306 SW 13th Street
Suite 1206

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butler Enterprises

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.4739

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Deborah Butler

Mailing Address 2306 SW 13th Street
Suite 1206

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Butler Enterprises

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4746

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)

Ellen Fitzsimmons

Mailing Address 26221 Marsh Landing Parkway

City State Zip Code

Ponte Vedra Beach

FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
CSX CorporationOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.4734

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Fuqua

Mailing Address PO Box 568492

City State Zip Code

Orlando

FL 32856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amick ConstructionOccupation
General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.4743

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Douglas Head

Mailing Address 800 Mayfair Circle

City State Zip Code

Orlando

FL 32803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Life Insurance Settlement
AssnOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.4741

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)

Mark NeJame

Mailing Address 189 S. Orange Avenue
Suite 1800

City	State	Zip Code
Orlando	FL	32801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Attorney

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	0

Transaction ID: SA11AI.4744

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

13750.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 13

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)

CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 Pennsylvania Ave NW Ste 560
Suite 560City State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.**C** C00163832

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: SA11C.4736

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FLORIDA DELIVERS LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) Evans & Katz LLC	Transaction ID: SB21B.4714 Date of Disbursement																				
Mailing Address 1831 Bay Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td>262.50</td> </tr> </table>	262.50																			
262.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Evans & Katz LLC	Transaction ID: SB21B.4715 Date of Disbursement																				
Mailing Address 1831 Bay Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td>699.64</td> </tr> </table>	699.64																			
699.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Evans & Katz LLC	Transaction ID: SB21B.4717 Date of Disbursement																				
Mailing Address 1831 Bay Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	7		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td>59.28</td> </tr> </table>	59.28																			
59.28																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1021.42

TOTAL This Period (last page this line number only)

1021.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 FLORIDA DELIVERS LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS	Transaction ID: SB23.4726 Date of Disbursement
Mailing Address P.O. Box 8508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 8 / 2 0 1 0</div> </div>
City State Zip Code Utica NY 13505	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name MICHAEL A. ARCURI	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS	Transaction ID: SB23.4718 Date of Disbursement
Mailing Address PO Box 6220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 1 0</div> </div>
City State Zip Code Des Moines IA 50309	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name LEONARD L. BOSWELL	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA	Transaction ID: SB23.4724 Date of Disbursement
Mailing Address 214 South Bronough Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 0</div> </div>
City State Zip Code Tallahassee FL 32301	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
JOE GARCIA FOR CONGRESS

Mailing Address 210 MENDOZA AVE

City State Zip Code
CORAL GABLES FL 33141Purpose of Disbursement
ContributionCandidate Name
JOSE ANTONIO GARCIACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: SB23.4729

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City State Zip Code
MIAMI FL 33169Purpose of Disbursement
ContributionCandidate Name
KENDRICK B MEEKCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District:

Transaction ID: SB23.4716

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
WOOLSEY FOR CONGRESS

Mailing Address P.O. Box 750176

City State Zip Code
Petaluma CA 94975Purpose of Disbursement
ContributionCandidate Name
LYNN C. WOOLSEYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 06

Transaction ID: SB23.4721

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

9250.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FLORIDA DELIVERS LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)

Committee to Re-Elect Michael Andrews

Mailing Address PO Box 309

City
Orlando

State
FL

Zip Code
34677

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4732

Date of Disbursement

/ /

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

450.00